



Application for Testing and for a New License to Practice EMS Patient Care

Note: An applicant who must use this application because his/her license has expired by more than 90 days need only complete sections 1, 2, 3, 4, 5, 6, 7, 8, 9, 14, 15 and 17.

1. **Name:** _____
(Last Name) (First Name) (MI)

2. **Mailing Address:** _____

City: _____ **State:** _____ **Zip:** _____

3. **Daytime Phone#:** (____) _____

4. **E-mail :** _____

5. **Date of Birth:** ____/____/____ (If applicant is under 18 years of age, complete section 16)

6. **Social Security #:** ____ - ____ - ____ The following statement is made pursuant to the Privacy Act of 1974, §7(b): Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA §175 as authorized by the Tax Reform Act of 1976 (46 USC, §405(c)(2)(C)(i) and for child support enforcement purposes pursuant to 42 USC § 666(a)(13)(A) and 19-A M.R.S.A. §§2104, 2201. Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes and/or to the Department of Human Services Division of Support Enforcement and Recovery for use in child support enforcement procedures. No further use will be made of your social security number. It shall be treated as confidential tax information pursuant to 36 MRSA §191 and confidential support enforcement information pursuant to 19-A MRSA §2152.

7. **Do you now hold, or have you ever held, a Maine EMS license at any level?**

Yes: _____

No: _____

If you answered "yes" to number 7 above, what is the:

License number? _____ **License level?** _____ **Expiration date?** _____

8. **For what license level are you applying?**

____ **First Responder**

____ **Ambulance Attendant**

____ **EMT- Basic**

____ **EMT – Intermediate**

____ **EMT – Critical Care**

____ **EMT - Paramedic**

9. **What type of training are you using for licensure?**

____ **Maine EMS approved initial course** (Section #10, below, must be completed by the course's Instructor Coordinator or a Maine EMS Regional office. Sections #11 and 12 must be completed by the Exam Proctor/Administrator who administered your exam.)

____ **Other** (If you are applying for a license based upon reciprocity for a license or course from another state, skip sections 10, 11 and 12, and complete section 13-Reciprocity)

____ **My License has expired by more than 90 days and I will be using a refresher course or CEH to renew my license.** (Please attach copies of your refresher course certificate or CEH certificates to your application.)

For Regional Office Use Only

☐ NR Exam Check Rec'd
Amt: _____ Ck# _____

☐ NR Exam Check Rec'd
Amt: _____ Ck# _____

☐ NR Exam Check Rec'd
Amt: _____ Ck# _____

For Maine EMS Office Use Only:

☐ Logged

☐ Entered

☐ Issued

☐ SBI Fee Rec'd

SBI ✓ Req: _____

Trans#: _____

SBI ✓ Rec'd: _____

Approved by: _____

Course date: _____

Test date: _____

Refresher date: _____

Reciprocity State: _____

Reciprocity Date: _____

Comments: _____

10. Course Completion Verification – The Maine EMS Instructor Coordinator who conducted the First Responder or EMT-Basic course must complete this section. The Regional EMS Office will complete this section for persons who complete a Maine EMS approved EMT-Intermediate or EMT-Paramedic Program.

Course Level: ☐ First Responder ☐ EMT-Basic
☐ EMT-Intermediate ☐ EMT-Paramedic

Course # (enter 13 digit Maine EMS course #): _____ MEMS IC Number: _____

As the I C, or Regional Representative for the above listed course, I hereby certify that the applicant has successfully completed a Maine EMS approved course at the license level shown, which included an Integrated Practical Exam, if applicable.

Instructor Coordinator or Reg. Rep. Signature: _____ Course Completion Date: _____

11. Maine EMS Written Exam Verification (to be completed only by a Maine EMS Exam Proctor):

Region: _____ Date Administered: _____ Exam Proctor: _____ Score: _____ Verified by: _____

Region: _____ Date Administered: _____ Exam Proctor: _____ Score: _____ Verified by: _____

Region: _____ Date Administered: _____ Exam Proctor: _____ Score: _____ Verified by: _____

12. Practical Exam Verification – Non IPE applicants – This section must be completed by a Maine EMS Exam Administrator if the applicant did not complete a Maine EMS Integrated Practical Exam

Region _____ Date _____ Pass Fail Incomplete Retest Station #: _____

Signature of Exam Administrator: _____

Region _____ Date _____ Pass Fail Incomplete Retest Station #: _____

Signature of Exam Administrator: _____

Region _____ Date _____ Pass Fail Incomplete Retest Station #: _____

Signature of Exam Administrator: _____

13. Reciprocity Information - This section must be completed if the applicant is applying for Reciprocity from another State (or National Registry, if not a Maine course)

a. Are you currently licensed/certified in another State? _____ Yes _____ No If you answered "Yes":

i. In what State was your license /certificate issued? _____

ii. Was the license issued based upon training completed in the State of issue or based upon reciprocity from another state?

_____ Based upon Training _____ Based upon reciprocity from: _____

b. Are you currently Nationally Registered? _____ Yes _____ No

c. If you answered "Yes" to a or b above, was your state license or National Registry based upon completion of a standardized program following DOT guidelines, or, based upon a combination of training and allied healthcare experience/licensure?

_____ Based upon a standardized course _____ Based upon training and allied healthcare experience/licensure

d. If you are not currently licensed in another state or Nationally Registered, submit a course completion certificate with course outline(s) and syllabus

List completion date of the course that you are submitting for approval. _____

- **Name, address, and contact person/telephone number of the training entity where you received your EMS education.**

Name of training facility: _____
Address: _____
City, State & Zip: _____
Name & Title of Contact Person: _____
Telephone Number of Contact Person: _____

➤ **Certification of Out-of-State Testing**

In what State did you complete the exam that you are submitting for approval? _____ What was the date of the exam? _____

14. History of convictions*, civil drug violations, pending charges, or action taken against a professional license

Completion of this section is mandatory. Failure to complete this section and/or failure to list all convictions, violations, pending charges or actions against a professional license may result in license denial and prosecution for Unsworn Falsification, a Class D crime.

- a. Have you ever been convicted* of any criminal offense**? ___ Yes ___ No
- b. Have you ever been found to have committed a civil infraction involving use or possession of illegal drugs? ___ Yes ___ No
- c. Are charges pending against you in any state or Federal court? ___ Yes ___ No
- d. Have you ever had any action taken, or is action pending, against any professional license or certification you currently hold or have ever held? ___ Yes ___ No

* "Convicted" means a finding of guilty, or a finding of not guilty by reason of insanity or mental disease or defect.

** "Criminal offense" is one that is punishable by a possible period of incarceration, whether or not such a sanction is imposed. Criminal offenses include, but are not limited to, Operating Under the Influence or Operating After Suspension.)

If you answered yes to either a, b, c or d above, you must provide the information requested below for any and all convictions. (Attach extra sheets if necessary)

Type/Name of Offense:	Date of Offense:	Location of Offense:	Name of Authority/Court:	Action Taken:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

15. For each criminal conviction listed above, you must enclose:

1. A copy of the police reports for the aforementioned conviction(s) offense(s) or violation(s). Contact the Police Department, District Attorney, or your own attorney for this information.
If you are unable to obtain the police report from any of the aforementioned sources, you must provide the Committee with notarized letters from each agency or office attesting that the documents are no longer in the agencies' or office's possession.
2. Copy of court records regarding the convictions/offenses/violations (including a copy of the Indictment, the Docket Record and Judgment and Commitment, if applicable).
3. Specific written explanation, in your own words, of the offenses/violations for which you were adjudicated (Who, What, Where, When, How, and Why).
4. Letter from you probation/parole officer indicating successful completion of probation/parole (if applicable).
5. Any letters of recommendation you wish to submit in support of your application.

16. Parental Consent For an Applicant Less Than 18 Years of Age (NOTE: Service(s) must have a Maine EMS approved Junior Supervision Plan on file at Maine EMS in order for your son or daughter to be licensed).

I understand the responsibilities of EMS licensure, the working conditions involved, and the system of supervision employed by the service(s) with which the applicant will be practicing emergency medical care, and permit Maine EMS to license the applicant.

Print Name - Parent/Legal Guardian: _____

Signature - Parent /Legal Guardian: _____ Date: _____

Name of EMS Service(s) with whom the applicant will be practicing emergency medical care: _____

Certification

17. I certify that the statements contained in this application are correct to the best of my knowledge and that I am eligible for licensure at the level requested in accordance with Maine statutes and EMS rules. I understand that this license, as issued, allows me to administer only those treatments authorized under the Maine EMS Rules governing this licensure level and by the Maine EMS protocols governing this licensure level. I understand that the Maine EMS systems Quality Assurance /Quality Improvement (QA/QI) process is an integral part of being a licensed Maine EMS provider and agree to participate in the Maine EMS QA/QI system in accordance with criteria approved and published by the Board. I understand and agree that QA/QI information pertaining to me may be shared amongst recognized participants within the Maine EMS QA/QI system. I also understand that making a false statement that I do not believe to be true on this application or knowingly creating or attempting to create a false impression by omitting information necessary to prevent this application from being misleading constitutes a criminal offense, and may be prosecuted as, among other offenses, unsworn falsification pursuant to 17-A M.R.S.A. § 453 (Class D) and may also result in disciplinary action against my license by Maine EMS.

Signature of applicant: _____ Date: _____

Complete this Checklist before you mail in your application:

In-State Applicants

- ☐ All required sections are completed by printing (in ink) or typing the requested information;
- ☐ My Instructor Coordinator or regional office has completed §10 of the application (for applicants who have just completed a Maine EMS course);
- ☐ As proof of successful state written exam completion, I've enclosed a copy of my National Registry card or a downloaded copy of my National Registry status from the *Check Candidate/Exam Status Screen* at the NREMT website - https://www.nremt.org/EMTServices/verify_cand_status.asp?link=1 (for applicants who have just completed a Maine EMS written exam for their initial license)
- ☐ If I am a resident of Maine (or have been for the last 3 years), I've enclosed a check in the amount of \$15.00 made payable to: *Treasurer, State of Maine* to cover the cost of the criminal background check;
- ☐ If I am a resident of another state (or haven't been a resident of Maine for the last 3 years), but have completed my training and testing in Maine, I have attached a criminal background check from the state criminal records division of the state in which I have resided for the past 3 years (for a list of other state's criminal records contact numbers please visit the following website: <http://www.informe.org/PCR/faq.html>)
- ☐ If I have listed a criminal conviction in §14, I have enclosed all of the information requested in §15;
- ☐ If I am under 18 years of age, my parent or legal guardian has completed §16
- ☐ I have signed and dated my application (in blue or black ink);

Reciprocity Applicants

- ☐ All required sections are completed by printing (in ink) or typing the requested information;
- ☐ I've enclosed a copy of my current out-of-state EMS certification/license;
- ☐ I've enclosed a copy of my current National Registry card;
- ☐ I've enclosed the sealed envelope containing the *Maine EMS Verification of EMT Certification* form that I had completed by the state EMS office in the state that I am currently certified/licensed;
- ☐ For First Responder or EMT-Basic reciprocity - I've enclosed a (non-refundable) reciprocity administration fee by check or money order in the amount of \$25.00 made payable to: *Treasurer, State of Maine*;
- ☐ For Intermediate or Paramedic reciprocity, I've enclosed a (non-refundable) reciprocity administration fee by check or money order in the amount of \$50.00 made payable to: *Treasurer, State of Maine*;
- ☐ If I am a resident of Maine, I've enclosed a check in the amount of \$15.00 made payable to: *Treasurer, State of Maine* to cover the cost of the criminal background check;
- ☐ If I am a resident of another state, I have attached a criminal background check from the state criminal records division of the state in which I have resided for the past 3 years (for a list of other state's criminal records contact numbers please visit the following website: <http://www.informe.org/PCR/faq.html>)
- ☐ If I have listed a criminal conviction in §14, I have enclosed all of the information requested in §15;
- ☐ I have signed and dated my application (in blue or black ink)

Return your signed application (photocopied signatures cannot be accepted) to:

**Maine EMS
152 State House Station
Augusta, ME 04333-0152
Tel (207) 626-3860**